

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ending Spending Action Fund

ADDRESS (number and street)

610 S. Boulevard

☐ Check if different than previously reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489856

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		3059.03
(b) Cash on Hand at Beginning of Reporting Period.....	250576.06	
(c) Total Receipts (from Line 19)	610000.00	3260050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	860576.06	3263109.03
7. Total Disbursements (from Line 31)	509061.85	2911594.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351514.21	351514.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 / 01 / 2014

To:

M M / D D / Y Y Y Y Y
05 / 31 / 2014

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

510000.00

3160000.00

(ii) Unitemized

0.00

50.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

510000.00

3160050.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

510000.00

3160050.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

100000.00

100000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

610000.00

3260050.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

610000.00

3260050.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	43845.85	44799.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43845.85	44799.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	465216.00	2766695.02
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	509061.85	2911594.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	509061.85	2911594.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	510000.00	3160050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	510000.00	3159950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	43845.85	44799.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	43845.85	44799.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. J. Joe Ricketts

Mailing Address 607 Upper Hoback Road

City State Zip Code
 Little Jackson Hole WY 82922

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B. Marlene Ricketts

Mailing Address P. O. Box 31519

City State Zip Code
 Omaha NE 68131

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

400000.00

Full Name (Last, First, Middle Initial)

C. Muneer A. Satter

Mailing Address 676 N. Michigan Avenue, #4000

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Satter Investment Management

Occupation

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

510000.00

TOTAL This Period (last page this line number only)..... ►

510000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. America Rising PAC

Mailing Address 1555 Wilson Blvd., #307

City
Arlington

State
VA

Zip Code
22209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SA16.5419

Amount of Each Receipt this Period

100000.00

contribution refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

100000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Ending Spending Action Fund

A. America Rising PAC

Mailing Address 1555 Wilson Blvd., #307

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement research

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5428

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. America Rising PAC

Mailing Address 1555 Wilson Blvd., #307

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement research

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.5430

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Clark Hill, PLC

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement	legal services
-------------------------	----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.5418

Amount of Each Disbursement this Period

14175.50

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

34175.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Patton Boggs, LLP

Mailing Address 2550 M Street, N.W.

City	State	Zip Code
Washington	DC	20037

Purpose of Disbursement
legal services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.5424

Amount of Each Disbursement this Period

5766.25

Full Name (Last, First, Middle Initial)

B. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
accounting services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB21B.5431

Amount of Each Disbursement this Period

3770.28

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB21B.5412

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9551.53

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Ending Spending Action Fund

A. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement	service charge

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 09 / 2014

Transaction ID : SB21B.5413

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement	
service charge	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5423

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	18.00
25-34	15.00
35-44	12.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement	Amount
service charge	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

05 / 28 / 2014

Transaction ID : SB21B.5420

Amount of Each Disbursement this Period

A horizontal bar with a value of 15.00. The bar is light gray with a darker gray outline. It has a series of small, dark gray rectangular markers along its top and bottom edges. The number "15.00" is displayed in black text at the right end of the bar.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Ending Spending Action Fund

A. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement	service charge

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5425

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	18.00
25-34	15.00
35-44	12.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement	Amount	Account	Account Number
service charge			

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5427

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	18.00
25-34	15.00
35-44	12.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by two vertical supports on the left and right. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with the middle one being larger than the others.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

40.00

43817.03

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 04 / 2014		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">217608.00</div>		
City Alexandria		State VA	Zip Code 22314		
Purpose of Expenditure media placement		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : SE.5435 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 22 / 2014	
Name of Federal Candidate Terri Lynn Land			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">217608.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 04 / 2014		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">217608.00</div>		
City Alexandria		State VA	Zip Code 22314		
Purpose of Expenditure media placement		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : SE.5436 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 22 / 2014	
Name of Federal Candidate Gary Peters			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">435216.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">435216.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nancy H. Watkins</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 20 / 2014		

Full Name of Payee CD, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2014	
Mailing Address P. O. Box 1877		Amount 15000.00	
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.5448
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		465216.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	465216.00

Signature